## Agency Report of: Ceremonial Role Events and **Ticket/Admission Distributions**

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|---|----|----|-----|----|----|----|----|---|
|   |    |    |     |    |    |    |    |   |

| County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address  1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number   E-mail  | County of Alameda Division, Department, or Region (if applicable)  Board of Supervisors Street Address  1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)  Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number (510) 272-3882  Crystal.hishida@acgov.org  2. Function, Event, or Ceremonial Role Information  Title Face Value of Each Admission \$ \$156  Description AMA Supercross  Date(s) 1 28 12  Ticket(s)/Admission(s) provided by agency? Yes  No I If no: Golden State Warriors  Name of Source  Was the distribution to persons identified below made at the behest of an agency official?   | Part 3.)   |
|--|--|--|
| Division, Department, or Region (if applicable)   Board of Supervisors   | Division, Department, or Region (if applicable)  Board of Supervisors  Street Address  1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)  Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number (510) 272-3882  2. Function, Event, or Ceremonial Role Information  Title   | Part 3.)   |
| Board of Supervisors  Street Address  1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)  Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number (510) 272-3882  Email crystal. hishida@acgov.org  Pace Value of Each Admission \$ \$156  Description AMA Supercross  Date(s) 1 / 28 / 12 / / /  Ticket(s)/Admission(s) provided by agency? Yes   | Board of Supervisors  Street Address  1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)  Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number (510) 272-3882  Crystal.hishida@acgov.org  Part  | Part 3.)   |
| Street Address   1221 Oak Street, Suite 536   Designated Agency Contact (Name, Title)   Crystal Hishida Graff, Clerk, Board of Supervisors   Area Code/Phone Number (510) 272-3882   Crystal.hishida@acgov.org   Crystal.hishida@acgov.org   Date of Original Filing:  | Street Address  1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)  Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number (510) 272-3882  Crystal.hishida@acgov.org  2. Function, Event, or Ceremonial Role Information  Title   | ,  |
| Street Address   1221 Oak Street, Suite 536   Designated Agency Contact (Name, Title)   Amendment (Must provide explanation in Part 3.)   Date of Original Filling:  | Street Address  1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)  Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number (510) 272-3882  Crystal.hishida@acgov.org  2. Function, Event, or Ceremonial Role Information  Title   | ,,   |
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| Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number   E-mail  | Crystal Hishida Graff, Clerk, Board of Supervisors  Area Code/Phone Number (510) 272-3882   Crystal.hishida@acgov.org    E-mail   Crystal.hishida@acgov.org    Face Value of Each Admission \$ \$156    Date(s) 1 28 12  | ,  |
| Area Code/Phone Number (510) 272-3882  | Area Code/Phone Number (510) 272-3882  | ,  |
| County revenue from sales.   Crystal.hishida@acgov.org     | (510) 272-3882 crystal.hishida@acgov.org  2. Function, Event, or Ceremonial Role Information  Title  | ,  |
| Function, Event, or Ceremonial Role Information   Title  | Title Face Value of Each Admission \$ \$156  Description AMA Supercross Date(s) 1 28 12  Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors  Name of Source  Was the distribution to persons identified below made at the behest of an agency official?  |  |
| Title Face Value of Each Admission \$ \$\frac{\$156}{}\$  Description AMA Supercross   | Title Face Value of Each Admission \$ \$156  Description AMA Supercross Date(s) 1 / 28 / 12 /  |  |
| Description AMA Supercross  Date(s) 12812  | Description AMA Supercross  Date(s) 1 28 12  Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden State Warriors  Name of Source  Was the distribution to persons identified below made at the behest of an agency official?  |  |
| Description AMA Supercross  Date(s) 12812  | Description AMA Supercross  Date(s) 1 28 12  Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden State Warriors  Name of Source  Was the distribution to persons identified below made at the behest of an agency official?  | /  |
| Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Golden State Warriors    Name of Source   | Ticket(s)/Admission(s) provided by agency? Yes No I If no:     Golden State Warriors   Name of Source  |  |
| Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Golden State Warriors    Name of Source   | Ticket(s)/Admission(s) provided by agency? Yes No I If no:     Golden State Warriors   Name of Source  |  |
| Was the distribution to persons identified below made at the behest of an agency official?  Yes No If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title  The identity of recipient(s) and the explanation:    Name (Last, First) or Or Organization (Name, Address, Description)  | Was the distribution to persons identified below made at the behest of an agency official?   | en de la constante de la const |
| Was the distribution to persons identified below made at the behest of an agency official?  Yes No If yes: Supervisor Wilma Chan Official's Name (Last, First) and Title  The identity of recipient(s) and the explanation:    Name (Last, First) or Or Organization (Name, Address, Description)  | Was the distribution to persons identified below made at the behest of an agency official?   |  |
| Yes ☑ No ☐ If yes: Supervisor Wilma Chan  Official's Name (Last, First) and Title  The identity of recipient(s) and the explanation:    Name (Last, First) or Organization (Name, Address, Description)   Number of Admission(s)/ Ticket(s)   Agency Official income, Is the agency official performed a ceremonial role, also provide a description.    Yes ☐ To promote attendance at an event held at a Income No ☐ Yes ☐ County revenue from sales.   Income No ☐ Income   |  |  |
| Yes ☑ No ☐ If yes: Supervisor Wilma Chan  Official's Name (Last, First) and Title  The identity of recipient(s) and the explanation:    Name (Last, First) or Organization (Name, Address, Description)   Number of Admission(s)/ Ticket(s)   Agency Official   Income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.   Yes ☐ County facility in order to maximize potential ☐  |  |  |
| The identity of recipient(s) and the explanation:    Name (Last, First)  | YAS IZI NO II II VAS. SAPATTISA TIMITA STIAT   |  |
| The identity of recipient(s) and the explanation:    Name (Last, First)  | Official's Name (Last, First) and Title  |  |
| Name (Last, First) Organization (Name, Address, Description)  Agency Organization (Name, Address, Description)  Output  Output |  |  |
| Agency or Organization (Name, Address, Description)   Agency or Odficial Ticket(s)   Ticket(s)   Ticket(s)   Official Ticket(s)   Ticket(s)   Official Ticket(s)   Ticket(s)   Ticket(s)   Official    | The identity of recipient(s) and the explanation:  |  |
| Admission(s)/ Ticket(s)  Organization (Name, Address, Description)  Organization (Name, Address, Description)  Organization (Name, Address, Description)  Yes  |  |  |
| Organization (Name, Address, Description)  Ticket(s)  Ticket(s)  Ticket(s)  Finot income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.  Yes  | Number of   Agency   also provide a description  |  |
| Goulart, Tony  3   Yes   To promote attendance at an event held at a County facility in order to maximize potential   County revenue from sales.   Incom No  | Organization Ticket(s) If not income, describe the public purpose, including   | ual, or  |
| Goulart, Tony  3 No  | organization.  | · .  |
| Yes  |  | Income   |
| No   | Goulart, Tony 3 No 🖸 County lacility in order to maximize potential  |  |
| Yes   Incom   No   | — Todanty revenue nom saics.   | Income   |
| No   | No □   |  |
| Yes  | Yes □  | Income   |
| No   | No 🗖   |  |
| No   | Yes 🗆  | Income   |
|  | No 🗖   |  |
|  | Yes 🗖  |  |
|  |  | Income   |
|  |  | Income   |
| lations 18044.1 and 18042. I have verified that the distribution of admissions, set forth above  | · · · · Insul  |  |
| auons 10977.1 and 10972.1 have veniled that the distribution of admissions, set foldi above  |  |  |
|  | Pations 18944.1 and 18942. I have verified that the distribution of admissions, set for  | П  |
| lexandra Boskovich Ticket Administrator 01/18/2012   | ations 18944.1 and 18942. I have verified that the distribution of admissions, set for   | <b>□</b><br>th above,  |
| No 🔲   | Yes   No   Yes   No   Yes   Ye | Incom Incom  |
|  |  |  |
| lexandra Boskovich  Print Name  Ticket Administrator  O1/18/2012  (month, day, year  | lations 18944.1 and 18942. I have verified that the distribution of admissions, set for lexandra Boskovich  Ticket Administrator  01/18/2  | th above   |